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ABSTRACT

Drug addiction, alcoholism, malnutrition, lung cancer, venereal disease, and emphysema represent not medical failures but educational failures, since people suffering from them are either beyond help or already seriously damaged by the time they see a physician. School programs are students must begin early. Moreover, for health education to be effective, it must be given a high priority in the school and public health sphere in terms of curriculum time, budget, methodology, community involvement and teacher selection and training. In addition to preservice and in-service teacher programs, which are being intensified to meet the demand, there is a need for each school district to provide leadership in its total health education program. A member of the faculty with approved preparation should be designated as health coordinator so that the entire faculty may cooperate in realizing the potential values of the school program. The New York Education Department is initiating a training program for health coordinators this summer (1971). Drug education is one of the monumental tasks that lie ahead, and programs will be successful to the extent that individual youths can make intelligent decisions with respect to the health problems confronting them. It is the task of health educators to ensure that this and future generations of young people are enabled to live a life that is creative, humane, and sensitive to the fullest extent. (JA)

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IMPERATIVE - REDESIGN FOR HEALTH EDUCATION

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NOTE: The attached remarks were made on May 10, 1971, Albany, New York, before the Annual Statewide Conference on Health held in cooperation with the New York State Council for Health Education and the Bureau of School Health Education, State Education Department. Dr. John Sinacore, Special Assistant to the Commissioner for Drug Education, was very helpful in preparing the attached remarks.

IMPERATIVE - REDESIGN FOR HEALTH EDUCATION

I think you should know that I have just gone through the five toughest and most distasteful weeks in my entire career. As in most other states, fiscal fitness is the key program in the legislative curriculum. We have to go back to 1939 to recall a parallel to the drastic surgery that has been applied to State agency budgets this year. The State Education Department has been hard hit, admittedly not as much as other state agencies. We have lost several valuable and high priority categorical programs of financial aid to local school districts, and, among other things, I have had to prune some 250 positions from the Department's personnel list, including the elimination of about 50 people.

These days the Legislature is not healthy for Commissioners and for other living things.

Physically, I feel a little like the man who was asked to give the keynote address at the annual meeting of the American Psychiatric Association. After dinner, he was asked to lie down and say a few words.

I am also reminded of H. L. Mencken's definition of a Puritan: A person who has a sinking feeling that somebody, somewhere, is having some fun.

Considering the shape I'm in, I am delighted to be among a group of health educators.

There is a lot of confusion today in our society about technology and its effects on human beings and the environment. Stuart Chase, in a recent article in the Saturday Review, said this:

> I believe that the way to come to terms with technology today is, first, to understand it and, then, to encourage its good effects on the human condition and at the same time try to discourage its bad effects. I cannot follow the mystique that technology has laws of its own, over and beyond human intervention.

And Admiral Rickover, whom I usually don't agree with, recently had this to say: He refers to "the stupid love affair" of the general public with technology and then quotes W. H. Ferry as saying:

> Breaking up the love affair does not mean abandoning technology, but replacing infatuation with an understanding of its toxic qualities, and finding ways to direct it to humane ends.

Technology is neither good nor bad, but thinking makes it so. Technology is neither moral nor amoral; it becomes either depending on its purpose. The trouble is that technology has been allowed to develop and produce its progeny without humane ends in view, and technology without values is blind. As Admiral Rickover has said:

> It is important to maintain a humanistic attitude toward technology, to recognize clearly that, since it is a product of human effort, technology can have no legitimate purpose but to serve man.

We have been aware for some time that our very existence (or at least the quality of life) is being threatened by the adverse effects of rapid developments in technology, many of which have been without the guidance of humane ends.

This modern technological society has provided a great variety of environmental factors that require adaptations by man. These include the thousands of accessible drugs, lethal cigarettes, pollutants found in air, water and food, to name a few.

It is evident that a course of study in the health sciences should be heavily based on human ecology, namely, a study of man in interaction with his environment. Environment in this case is not interpreted to mean only those elements provided by nature, but also those aspects of "environment" introduced by man.

As a society we have long labored under the misconception that concerns for our well-being should develop only in the absence of health. We are a problem- and disease-oriented society seeking treatments rather than preventions. We wait for disease to occur -- only then is action taken, often too late.

It is now known that the person with problems such as drug addiction, alcoholism, lung cancer, and emphysema, is either beyond help or is already seriously damaged by the time he is seen by a physician. It must be recognized that the incidence of drug addiction, alcoholism, malnutrition, lung cancer, venereal disease, and emphysema, in great part do not represent <u>medical failures</u> but <u>educational failures.</u> Preventive education is thus a necessary instrument. The difficulty is that we must learn to initiate health education programs before there is a full-fledged epidemic in our midst.

An all-out effort is currently underway by the State Education Department to seek compliance of the mandate in health education by every elementary and secondary school across New York State. We may be hindered by the severe fiscal constraints at both the State and local levels, but our goals are clear.

The relevant Regulations specify that health instruction in the elementary school grades emphasize the development of desirable health behavior, attitudes and knowledge on the part of children in the kindergarten and primary grades. In grades 4, 5 and 6, in addition to continued health guidance, provision shall be made for planned units of teaching which shall include health instruction in order that pupils may become increasingly self-reliant in solving their own health problems. Health education in the elementary school grades shall be carried on by the regular classroom teacher.

For the secondary school grades, the revised regulations specify a minimum one-half year or one-semester course to be taught at the junior high school level, and a minimum of one-half unit at the senior high school level. The health curriculum under development will supply sufficient materials for full-year courses at both junior and senior high school levels, if the health needs of pupils seem to indicate such courses.

These courses should be taught by teachers holding a certificate to teach health. If such a person is not available, the most nearly qualified person working toward certification is recommended.

This mandate is only a minimal requirement for health education programs from which school districts can build upon and expand in accordance with their needs.

It is time for schools to evaluate their present health education programs in order to reassess and reorder their priorities.

It is not a simple matter in education to set priorities, but without any doubt the education of children for healthful living must have a high priority. No matter how quickly we act now -- we will be late in starting. But we must start.

The school program for students must begin early. It is no longer appropriate to conceive of health education as a unit or course only at the secondary level. Concepts, attitudes, and behavior are developing during the elementary years, and the school cannot ignore this learning opportunity. Hopefully, desirable health practices developed in the young will continue beyond formal schooling. This, I believe, can be done provided we furnish the young with knowledge and independence of judgment that will enable them to discuss and engage in desirable health practices throughout life. This is, after all, what education is all about. Education, if it is any good, must be heuristic in character. Today, the emphasis in education must be on learning how to learn.

In order for health education to be effective, it must be given high priority in the school and in the public health sphere. This high priority should be in terms of curriculum time, budget, methodology, community

involvement and teacher selection and training.

Those charged with teaching need a great deal of preparation. In view of this, intensive teacher training programs were designed to assist teachers, certified in other disciplines, to receive certification in health education in order to meet the demands for certified personnel. These intensive teacher training programs are being conducted and will continue until we have alleviated this critical problem.

Teacher inservice programs are also essential. Many such programs are being held around the State by specially prepared teachers who attended two-week training sessions last summer and fall. These instructors are returning to their local school districts to teach inservice courses to their colleagues. We recognize the need to continue and expand these programs and we are working in that direction.

The need for each school district to provide leadership in its total health education program is vital. A member of the faculty with approved preparation should be designated as health coordinator, in order that the entire faculty may cooperate in realizing the potential health-teaching values of the school program.

This person should have training and experience in both public health and school health education and should administer the entire health education program. Some of the specific responsibilities of these health coordinators are as follows:

1. Selecting competent personnel.
2. Conducting inservice courses in the local school district.
3. Developing adequate health education programs at all grade levels.
4. Involving a wide variety of activities which include working with a broad range of people in the school, the public health organizations, the medical profession, and the community.
5. Organizing parental education programs.

He or she should be a person who has administrative ability, who understands the present-day philosophy, methodology and content of health education.

To provide school districts with trained personnel to carry out these responsibilities, the Department is initiating a training program for health coordinators this summer.

The purpose of this program is to train coordinators in health and drug education to develop, implement and supervise health and drug curricula and to coordinate school-community resources in combatting the growing drug abuse menace amongst the youth of our communities. These trained health coordinators will then become teacher-trainers providing a multiplier or ripple effect to satisfy more completely the needs for trained, competent drug coordinators and teachers.

There is an urgency for school administrators to stop thinking of a school health program as being separate from a community health program. The interrelatedness of these programs makes it imperative that we communicate and cooperate with each other. All of the health problems which I mentioned earlier will not disappear through the efforts of the school alone -- they need to be dealt with through the concerted efforts of the schools and the community working cooperatively together. It is a day of interdependence and interlocking complexity.

We are losing the potential of our children to drug abuse, alcoholism, venereal disease and many other health problems. We must prevent this deterioration of our most vital human resources, namely, our young who hold the promise of tomorrow.

We still have a choice -- that of continuing with antiquated health education programs which will produce no change from the past -- or that of evaluating what is being done at the present and then developing programs which will be effective in reaching children and youth and reversing the trends which are evident to all of us.

The enormous potentialities of this approach are being exemplified by a number of health education programs in New York where students are very much involved with community health organizations.

Last fall the Department produced a statewide educational television program which illustrated several innovative school-community drug education

programs and presented guidelines to administrators for implementing health and drug education programs.

Again this spring, on May 24 at 6:30 in the evening, we will be presenting another statewide educational television program involving students in a learning situation which illustrates the student-centered classroom, inter-disciplinary concepts and community involvement so easily adaptable to health education.

Student involvement of this kind adds realism and relevance to education. The community is the laboratory of the health sciences. If the education program in the school is to be effective it needs to have access to that laboratory.

The State Education Department is now in the process of converting the printed health education curricula into computer-based instructional units. This resource system available to classroom teachers will provide an effective means of supplying sufficient data in order to prepare individual teaching-learning situations. These materials cannot only be disseminated rapidly, but can be updated without enduring the printing costs usually associated with curriculum materials. We will need to utilize communications technology now available to us if we are to effectively and rapidly respond to current and new health problems.

One of the monumental tasks that lie ahead is drug education. We must be more imaginative than we have been in the past in developing effective programs, and most of all, in engaging the young people themselves in solving the drug abuse problem.

There are no easy solutions. Much time, effort, and millions of dollars have already been spent for treatment and rehabilitation and yet the prevalence of drug abuse exists and there appear to be no signs of stemming the tide. Preventive education must be the answer.

Dr. Donald Louria, President of the Governor's Council on Drug Addiction, was posed this question recently -- "How do you see the role of education in dealing with the problem of drug abuse?" He responded -- "If education can't reverse the pattern, then nothing else will." The old adage about an ounce of prevention was never more true.

To motivate interest in health on the part of the young is one of the most challenging tasks of the health teacher. Too often children are influenced by the behavior of their peers, and by the example set by their parents. Our programs of instruction in health will be successful to the extent that individual youth can make intelligent decisions with respect to the health problems confronting them.

The Regents position paper on Drug Education has this to say:

> We must recognize that the unwise exercise of adult authority in an attempt to break the connection of youth and drugs may have the opposite effect to that desired. The most powerful influence over a youngster with regard to using drugs may well be the influence of his peers. The adult task is to help the youth to assist each other to resist the temptation of drugs. We must trust that our youngsters can and will reject drug abuse. The desire of the young to be active, involved, committed and to have responsibilities sounds through our society at every turn. We know of no more important issues on which the claim for participation and responsibility can be better earned than in youth's assumption of leadership in solving the drug problem.

The following objectives must be realized if the goal of minimizing drug abuse is to be achieved:

1. Students must be encouraged to identify the problem and its causes, and to organize to solve it.

2. They should understand the nature of legal and illegal drugs.

3. They must be encouraged to develop a set of values and behavioral insights which will give them a deeper understanding of themselves and society.

4. They must be encouraged to identify the variety of alternative forms of behavior, other than drug abuse, which are available to satisfy their needs.

5. They must be encouraged to make constructive decisions concerning the use of drugs.

If this goal is to be realized, programs developed in local school districts or in higher education institutions must include: having the teacher act as a stimulator of discussion rather than as an authoritarian telling students what must be done; having the students play an active role in planning any program, developing instructional materials, screening, visual aids, assisting in the classroom, identifying resources in the community, and arranging to visit institutions such as drug treatment centers and narcotic councils. Nothing will turn off young people today faster than a nice white middle-class teacher, standing in front of a classroom engaged in a monologue and preaching at "steamy moral altitudes."

The objectives of education are twofold: To prepare students to earn a living, and to prepare them to live a life -- a creative, humane, and sensitive life. Your task as health educators is to ensure that this and future generations of young people are enabled to live that life in their fullest capacities. Best wishes for a successful conference.

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